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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35833

Registration District No. 565 Primary Registration District No. 5761 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days) 2
In this community Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Brumley, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME GEORGE WASHINGTON WINFREY
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Hurt
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. (Month) 5 (Day) 1850 (Year)

8. AGE: Years 90 Months 1 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace Brumley (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farmer 1
11. Industry or business 1
FATHER
12. Name Carroll Winfrey
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Christine Golden
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Wilford Winfrey
(b) Address Brumley, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hawkins Cem. Brumley, Mo.
18. (a) Signature of funeral director C L Casey
(b) Address Iberia, Mo.
19. (a) 10-19-40 (Date received local registrar) (b) C R Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1940 hour ___ minute 49 M.
21. I hereby certify that I attended the deceased from Oct. 13, 1940 to Oct. 16, 1940 that I last saw him alive on Oct. 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute general Edema	5 days
Due to: Chronic myocarditis	3 months
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Myron D Jones (Mark or other) DO
Address Brumley, Mo. Date signed 10-19-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 40-107
Date Filed 11/20/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Larau Adams, Registered Apprentice No. 211 working under my personal supervision.

Signed O. L. Barney

Licensed Embalmer No. 2694

P. O. Address Iberia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.